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Facility User's Preference between the Free and the Bamako Initiative (Drug Revolving Fund-Based) Health Services in Iwajowa Local Government, Oyo State.

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KEYWORDS

Bamako initiative, drug revolving fund, essential drugs, free health, Health care financing, drug availability.

ABSTRACT

Background: The Drug Revolving Fund (DRF) was instituted in 1996 in Oyo State to ensure sustainable drug availability at primary health care level with a seed stock of drugs supplied by the Petroleum Trust Fund. This was discontinued in 1999 and replaced in January 2000, with free health service, which involves supplying free drugs from the state medical store to local government areas. This study aimed to determine which of these two was preferred by health facility users in terms of drug availability and health services provided during a 2-year period of implementation of each.

Methodology: This cross-sectional study was conducted in the catchment areas of the health centres which were in existence prior to 1998 within Iwajowa LGA. A total sample of all community members aged 25years and above who had been using the health centres prior to or up to 1998 were enrolled in the study. A structured questionnaire was used to collect data on patronage and drug availability during both periods.

Results: Respondents totaling 1882 were surveyed; 260 (14.0%) had stopped patronizing the health facilities after commencement of free health. Major reason among others was lack of drugs reported by 92 (39.4%) respondents. More facility users 1151 (62.6%) preferred the DRF scheme in terms of drug availability while 660 (36.0%) preferred free health; 375 (81.1%) of those who preferred free health did so because it was cheap. A sizeable percentage (36.6%) of respondents requested for continuation of free health.

Conclusions: Findings showed that most users preferred the DRF to free health scheme. It is suggested that communities can set up their own DRF scheme at the health facility within their ward.

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INTRODUCTION

Oyo State was one of the most active supporters of the Bamako Initiative programme (BI), as it saw the initiative as a strategic opportunity to support local governments in strengthening the provision of primary health care (PHC). The BI's aim was to ensure a steady supply of the most basic essential drugs at affordable prices. The drug revolving fund

mechanism within the BI framework was adopted as an approach for sustainable financing of drug supply at the local level. The DRF was however discontinued by the Oyo State Government on the 4th of October 1999 and replaced by a free health care policy which was intended to make health care available to individuals and families in the community at very little or no cost at all. However, most health facilities would appear to have become mere consultation centres since these 'free drugs' are said not to be there; even the most essential ones, making the treatment of common diseases difficult.

The availability of drugs is one of the most visible symbols of quality care to consumers; in Nigeria, patients' visits dropped by 50-75% when facilities ran out of commonly used drugs. Ensuring a regular supply of essential affordable drug improves the quality of care and the attendance at peripheral health facilities. The Bamako Initiative programme (BI) introduced by the Africa Ministers of Health meeting in Bamako, Mali in 1987 assumed that making people pay for services in form of user fees would generate revenue to improve health services by improving drug availability with the goal of enhancing the quality of service, extend coverage and ensure equity in access to care. However, the BI was subject to widespread criticism at its inception. , , , There were concerns that users' fees might restrict access to health services or lead to change in healthcare seeking behaviour.

There has been considerable research to assess the impact of cost recovery in the form of user fees on health care seeking behaviour of people. , , Many of these studies have concluded that access to care is generally reduced especially during the early stages of implementation. In Ghana for example, the scheme resulted in a drop in attendance at health facilities, especially in rural area and the reason given was high cost of care . And in Kenya there was a 42% drop in attendance for curative services in fee-charging Kibwezi health centres while in Tanzania, there was 50% decline in use of outpatients' facilities after the introduction of user fees. However there is paucity of information on how user fees affect health care seeking in Nigeria.

The aim of this study therefore, was to determine which of the two alternative methods of health care financing options of free health or DRF was preferred by the community members within Iwajowa Local Government after a 2-year implementation of each.

METHODOLOGY

The study area was Iwajowa Local Government in Oyo State Nigeria with the headquarters at Iwere-Ile. Other communities within the LGA are Iganna, Itasa, Ilaji, Idiko-Ago, Idiko-ile, Ijio, Elekokan. It is located in the Oke-Ogun area of Oyo North senatorial district with a population of about seventy thousand people. It is predominantly a Yoruba locality with few people of Fulani and Igede extraction. The predominant occupation of the populace was farming with civil servants and artisans in the minority. This local government started implementing the BI drug revolving fund in 1996.

This comparative cross-sectional study used pre-tested structured questionnaire with few open-ended questions administered to facility users' who were 25years and above within 15 communities with health centres that were in existence prior to 1998. The respondents must have been using the facilities prior to 1998. All eligible adults were recruited into the study. The questionnaire (translated to Yoruba) was administered by health workers. Verbal consent was sought from the respondents after the objectives of the study were explained to them. Information was obtained on the socio-demographic status of the respondents, whether the respondents still patronized the government health facility or not, and if not, the reasons.

Data was also collected on the frequency of the users' visit to the health facilities during both periods. Respondents were asked to rate the quantity of drugs they were given during both periods. Information was also sought on the availability of drugs and other consumables during both periods and to indicate which of these two alternative methods of health care they preferred.

Statistical significance was set at 5%. Data analysis was undertaken using SPSS statistical package. Chi-square test was used to test association between categorical variables.

RESULTS

A total of 1882 respondents sampled in the catchment areas of the health centres were interviewed. Their mean age was 37.7 ± 11.0 years with majority being in the age 25-29 years age group. A higher proportion of the respondents 1053 (51.6%) were males; while the female respondents were 823 (48.4 %). Some of the respondents 663 (35.6%), had completed secondary school education while 456 (24.5%) were primary school leavers; 361 (19.4) % had no formal education 356 (19.1%) had one form of tertiary education or the other.

Patronage of facility

A sizeable percentage (14%) of the respondents no longer patronize the health facility. The reasons for this include lack of drugs, inadequate personnel, distance, etc. (Fig.1). More people

36.6% visited the health facilities very frequently during the BI drug revolving era than during the implementation of free health service ($p < 0.05$).

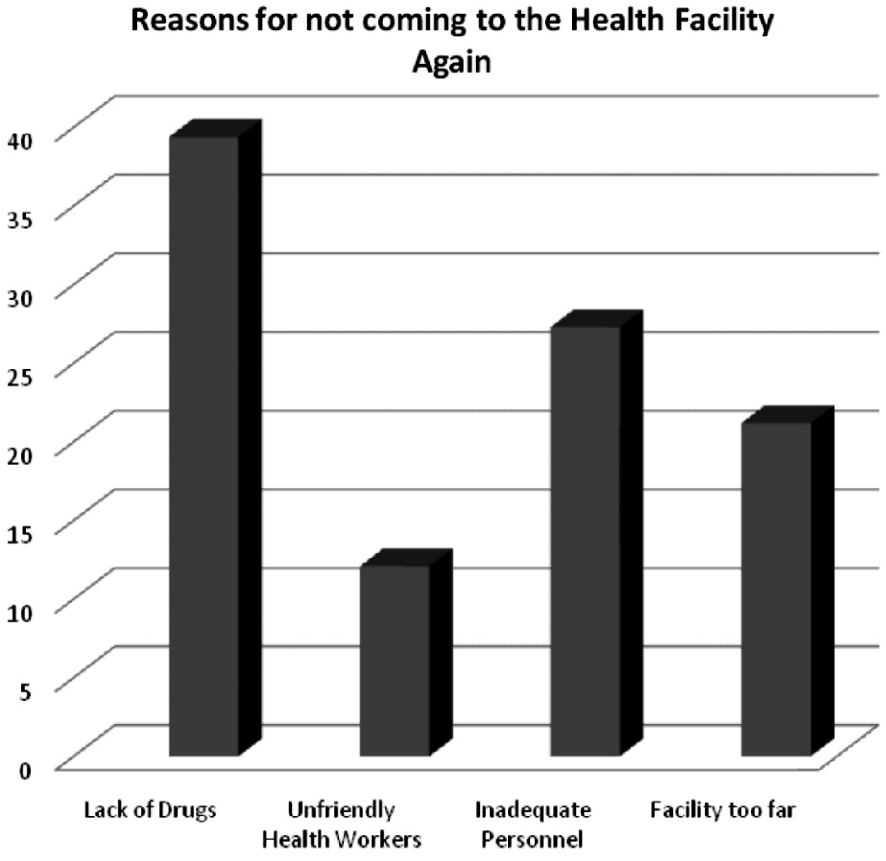

Fig 1

Rating of health services

Most respondents (66.4%) rated the quantity of drugs given during BI drug revolving fund as adequate and sufficient as opposed to 25.2% that rated the free health service same. Similarly 68.7% rated drugs as being readily available during BI drug revolving fund compared to 23.4% that had same rating for free health, the difference between the ratings were statistically significant ($p < 0.05$) see Table I.

Facility users' preference

Out of the 1882 respondents interviewed, 1151 (62.6%) preferred BI DRF, while 660 (36.0%) preferred free health service. Some (77.4%) of those that preferred BI drug revolving fund did so primarily because drugs were more available during that period while 81.1% of those that preferred the free health did so because it was cheaper (see Table II). The difference in the reasons for their preference was statistically significant, $p < 0.001$.

Suggestions by facility users for making drugs and good health care services available

Majority (66.3%) suggested that government should provide more drugs, dressings and injections under free health service while 48.5% made the same suggestion under drug revolving fund scheme. Next

Table I: Respondents ratings of health services by health financing era

EVALUATION VARIABLES	PTF DRF	FREE HEALTH	df	X^2	p-Value
How often health facility is patronized?					
Very frequently	681 (36.6)	498 (26.6)			
Frequently	498 (26.7)	402 (21.5)	3	123.33	0.000
Occasionally	409 (22.0)	716 (38.3)			
Rarely	275 (14.8)	253 (13.5)			
TOTAL	**1863 (100.0)**	**1869 (100.0)**			
Rating the quantity of drugs given.					
Adequate and sufficient	1238 (66.4)	490 (26.2)			
Fairly adequate and sufficient	300 (16.1)	473 (25.3)			
Not adequate	165 (8.8)	783 (41.9)	4	787.90	0.000
Don't know	162 (8.7)	111 (5.9)			
Others	0 (0.0)	13 (0.7)			
TOTAL	**1865 (100.0)**	**1870 (100.0)**			
Assessment of the availability of drugs and other items.					
Readily available	1282 (68.7)	435 (23.4)			
Fairly available	341 (18.3)	992 (53.3)			
Not available	62 (3.3)	322 (17.1)	3	927.12	0.000
Don't know	180 (9.7)	113 (6.0)			
TOTAL	**1865 (100.0)**	**1862 (100.0)**			

to this was the suggestion that drug revolving fund era be reintroduced or returned to; which was made by 466 (36.6%) of the respondents under the BI drug revolving scheme. While only 14 (1.1%) made this

Table II: Facility user's preference by health financing era

VARIABLES	PTF DRF	FREE HEALTH	df	X^2	p-Value
Preferred PTFDRF to free health era					
Yes	1151 (62.6)	660 (36.0)			
No	578 (31.5)	1110 (60.5)	2	311.91	0.000
Indifferent	109 (5.9)	65 (3.5)			
TOTAL	**1838 (100.0)**	**1835 (100.0)**			
Reason for preference	**PTF DRF**	**FREE HEALTH**	**df**	**X^2**	**p-Value**
Drugs were more available	710 (77.4)	58 (12.6)			
It is cheaper	70 (7.6)	375 (81.1)	2	766.75	0.000
Health services were generally better	138 (15.0)	29 (6.3)			
TOTAL	**918 (100.0)**	**462 (100.0)**			

Table III: Suggestions by facility users for making drugs and good health care services available

Suggestions to make drugs and good health services available	PTF DRF	FREE HEALTH	BOTH	df	X^2	p-Value
Return to/continue with free health.	10 (1.5)	4 (0.6)	14 (1.1)			
Return to/continue with DRF.	293 (44.7)	173 (28.0)	466 (36.6)	6	43.91	
More personnel be employed.	34 (5.2)	31 (5.0)	65 (5.1)			
Govt. should provide more drugs, dressings & injections.	318 (48.5)	409 (66.3)	727 (57.2)			
TOTAL	**655 (100.0)**	**617 (100.0)**	**1272 (100.0)**			

same suggestion for free health.

DISCUSSION

The findings showed that the BI drug revolving fund had positive effect on the patronage of the health facilities when compared to the period of free health. Better availability of drugs in quantity is thus a factor that affects patronage of health facilities. These findings thus support some of the expectations of the policy makers in the programme design.

It was apparent that the availability of drugs, injections and other consumables that was better during BI DRF enhanced the overall health services during this period. It had been shown that consumers' perception of expertise of health workers and performance of general health care services is linked to the greater number of drugs prescribed. Studies have shown that 'benefits' (such as free health) meant exclusively for the poor end up being poor benefit.

Most of the community members preferred the BI drug revolving fund scheme, expectedly. However, a significant one third of the community members preferred the free health services, largely because of 'cheapness'; this brings to limelight the issue of equity. There are indications that introduction of user fees have made a shift in the utilization of public services 'key services fail poor people in access, in quantity and in quality'.

The problem of devising mechanism to protect the poor and the disadvantaged from the adverse effect of user fees is a national priority and a policy challenge in Nigeria. It is however possible that some of those who advocated for continuation of the free health policy may have been politically motivated to suggest so, since free health was one of the cardinal programmes of a popular political party in the study area.

It is recommended that communities set up their own drug revolving fund scheme and ensure it works.

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